

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TENNESSEE
_____ DIVISION

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OCT 09 2015
U.S. DISTRICT COURT
MID. DIST. TENN.

Ricky Jackson,)
_____,)
_____,)
_____,)
Plaintiff(s),)

Vs.)

Docket/Complaint No. _____

JURY TRIAL DEMANDED

Cherry Lindamond (Warden),)
Elisha Storum Medical Supervisor,)
South Central Correctional Center,)
_____,)
Respondents.

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
UNDER 42 U.S.C. §1983

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit on another piece of paper, using the same outline.)

Plaintiff(s)

N/A

Defendant(s) _____

2. Court [if federal court, name the district; if state court, name the county]

Wayne County

3. Docket number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition [for example: was the case dismissed? Was it appealed? Is it still pending?]

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT:

Whiteville Correctional Facility
1440 Union Springs Road
PO Box 679
Whiteville, TN 38075

South Central Corrections Center
P.O. Box 279
555 Forrest Ave
Clifton, TN 38425-0279

- A. Is there a prisoner grievance procedure in this institution? Yes (✓) No ()
- B. Did you present the facts relating to your Complaint in the state prisoner grievance procedure? Yes (✓) No ()
- C. If your answer is yes,

1. What steps did you take? grievance

2. What was the result? P Refusing to admit problem. Still haven't received medical treatment

D. If your answer is "no" explain why not: N/A

N/A { E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is yes,

1. What steps did you take? _____

2. What was the result? _____

III. PARTIES:

[In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any.]

A. Name of Plaintiff(s): 494618 Ricky Jackson

Address: P.O. Box 279 Clifton, TN 38425-0279

[In item B below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item C for the names, positions and places of employment of any additional Defendants.]

B. Name of Defendant: Ricky Jackson, is employed
as Inmate at SCCC

Name(s) of additional Defendants: _____

IV. STATEMENT OF CLAIM:

[State here as briefly as possible the facts of your case. Describe how each Defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach additional sheets if needed.]

Refusal of medical treatment since 7-8-15

Chest Pain, Dizziness, Headaches. Continually taking blood for
testing and not doing anything with it. Medical Malpractice

V. RELIEF

[State briefly EXACTLY what you want the Court to do for you.] Make no legal arguments.

Cite no statutes.]

To give medical care to me and people like me.

To be awarded \$3,000,000.00 for pain, suffering, loss of good time.

Signed on this 11th day of September, 2015.

Ricky Jackson

Plaintiff

I declare under penalty of perjury that the foregoing is true and exact, to the best of my knowledge, information and belief.

9-11-15

Date

Ricky Jackson

Plaintiff

Ricky Jackson